

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
101		1					51			
102		1					52			
103							53			
104							54			
105							55			
106							56			
107							57			
108							58			
109							59			
110							60			
111							61			
112		1					62			
113							63			
114							64			
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145							95			
146							96			
147							97			
148							98			
149							99			
150							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

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	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep						
1							51								
2							52								
3							53	/							
4							54	/							
5	/						55								
6		/					56								
7		/					57								
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11							61								
12							62								
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15							65								
16							66								
17	/						67								
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19		/					69								
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42							92								
43	/						93								
44							94								
45		/					95								
46							96								
47							97								
48							98								
49	/						99								
50		/					100								
Total Indep							Total Indep								
Total Depend							Total Depend								
Total Claims							Total Claims								